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DECLADA:	TION	LEOD HEN ITY OR	Attorney Docket Nu	mber	SHP-PT080  Beecroft et al.		
		I FOR UTILITY OR SIGN	First Named Invento	o <u>r</u>			
		PPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)			Application Number 10/712,218				
Declaration Submitted with Initial Filing		P Dealers II.	Filing Date	November 13, 2003			
	OR	Cubititied and militar	Group Art Unit	Group Art Unit 2186			
		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Not			

<u> </u>										
As a below named inve	As a below named inventor, I hereby declare that:									
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the origina names are listed below)	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
VIRUTAL TO PHYSICAL MEMORY MAPPING IN NETWORK INTERFACES										
the specification of which (Title of the Invention)  Is attached hereto  OR										
was filed on (MM/I	DD/YYYY) 11/13/	/2003 as Unite	d States Applica	ation Number or !	PCT International					
Application Number	10/712,218 and w	vas amended on (MM/DD/Y	m		(if applicable).					
amended by any amendm	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	opy Attached? NO					
0226739.1	Great Britain	11/15/2002	0000	0000						
Additional foreign applica	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
Application Number	r nereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application number	(8) Fliing Date	e (MM/DD/YYYY)	numbe supple	onal provisional ers are listed or emental priority SB/02B attache	n a data sheet					

[Page 1 of 3 ]

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## DECLARATION -- Utility or Design Patent Application

		III		Othic	<u> </u>	DCSIG	ii i ate	7111 /	אב	DilCati	<u> </u>	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
U.S			Filing Date DD/YYYY)		Par	ent Patent (if applica						
Additional (	Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:    Customer Number   3624   Place Customer Number Bar Code												
				Registered prac		name/registr	ation number lis	ted belo	w L	Label he		
	Nan	ne		Regist Num		Name			Registration Number			
Namely, the Attorneys of Volpe and Koenig, P.C.												
Additional re	gistere	d practitioner(s)	named o	n supplemental	Registered	Practitioner	Information she	et PTO	/SB/02	C attached her	eto.	
Direct all corre	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to:   Customer Number or Bar Code Label  OR  Correspondence address below										Iress below	
Name	VC	LPE AND	KOENI	G, P.C.								
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Country				Telephon	е			Fax				
punishable by fi	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									a made are l		
Name of Sol	Name of Sole or First Inventor:											
Giv	en Nai	me (first and m	niddle [if	anyi)			Family	/ Name	or Su	mame		
Jon .						Beecroft						
Inventor's Signature		1. Sanoli.				Date OS					05/28/04	
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Post Office Add	dress	Burnts F	arm,	Chelwoo	d							
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City		Bristol	State		ZIP	BS3	9 4NW	Cour	itry	United K	ingdom	
Additional in	rvento	rs are being n	amed or	the 1 supi	plementa	l Additional	inventor(s) si	heet(s)	PTO/	SB/02A attac	hed hereto	

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:     A petition has been filed for this unsigned inventor											
Give	en Name (first and middle [if an	y])	Family Name or Surname					umame			
	David		Hewson					son .			
Inventor's Signature	Inventor's						Date 05/28/2004				
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Malling Address 2A Woodbury Lane											
Mailing Address	Mailing Address										
City	Bristol	Stat	е		ZIP BS8 2S	E c	ountr	y United Kingdom			
Name of Addit	ional Joint Inventor, if a	ny:			A petition has bee	n filed f	or this	s unsigned inventor			
Give	en Name (first and middle [if an	y])		$\downarrow$	Famil	y Name	or S	umame			
	Moray	, .		McLaren							
Inventor's Signature	My M	M		Date 28/5/04							
Residence: City	be	Country United Kingdom United Kindg			United Kindgom						
Mailing Address	8 The Paragon, Clif	fton									
Malling Address											
City	Bristol	Stat	te		ZIP BS8 4	_A	Cour	ntry United Kingdom			
Name of Additional Joint Inventor, if any:											
Give	n Name (first and middle [if any	Family Name or Surname									
Inventor's Signature								Date			
Residence: City Sta				Country				Citízenship			
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